

County: Jefferson  
FORT HEALTH & REHAB CENTER  
430 WILCOX ST

Facility ID: 3470

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FORT ATKINSON 53538 Phone:(920) 563-5533  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 94  
Total Licensed Bed Capacity (12/31/04): 94  
Number of Residents on 12/31/04: 81

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 87

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.2	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		43.2	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	4.9	More Than 4 Years		13.6	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	16.0	65 - 74	14.8			-----	
Day Services	No	Mental Illness (Other)	0.0	75 - 84	29.6			100.0	
Respite Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43.2	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.4	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	7.4		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	13.6		100.0	(12/31/04)			
Home Delivered Meals	Yes	Cardiovascular	14.8	65 & Over	95.1	-----			
Other Meals	No	Cerebrovascular	12.3		-----	RNs		7.7	
Transportation	No	Diabetes	2.5	Gender	%	LPNs		9.1	
Referral Service	No	Respiratory	6.2		-----	Nursing Assistants,			
Other Services	No	Other Medical Conditions	27.2	Male	38.3	Aides, & Orderlies			
Provide Day Programming for			-----	Female	61.7	42.7			
Mentally Ill	No		100.0		-----				
Provide Day Programming for					100.0				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	4	6.3	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.9
Skilled Care	8	100.0	375	59	92.2	118	0	0.0	0	9	100.0	185	0	0.0	0	0	0.0	0	76	93.8
Intermediate	---	---	---	1	1.6	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		64	100.0		0	0.0		9	100.0		0	0.0		0	0.0		81	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	1.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	2.9	Bathing	4.9	40.7	54.3	81
Other Nursing Homes	6.7	Dressing	13.6	82.7	3.7	81
Acute Care Hospitals	84.6	Transferring	21.0	74.1	4.9	81
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	19.8	75.3	4.9	81
Rehabilitation Hospitals	0.0	Eating	29.6	67.9	2.5	81
Other Locations	3.8	*****				
Total Number of Admissions	104	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	8.6		Receiving Respiratory Care	6.2
Private Home/No Home Health	23.6	Occ/Freq. Incontinent of Bladder	58.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	8.5	Occ/Freq. Incontinent of Bowel	28.4		Receiving Suctioning	0.0
Other Nursing Homes	11.3				Receiving Ostomy Care	1.2
Acute Care Hospitals	3.8	Mobility			Receiving Tube Feeding	3.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	27.2
Rehabilitation Hospitals	1.9					
Other Locations	16.0	Skin Care			Other Resident Characteristics	
Deaths	34.9	With Pressure Sores	0.0		Have Advance Directives	75.3
Total Number of Discharges		With Rashes	2.5		Medications	
(Including Deaths)	106				Receiving Psychoactive Drugs	55.6

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.6	84.2	1.10	88.5	1.05	87.7	1.05	88.8	1.04
Current Residents from In-County	65.4	76.9	0.85	72.5	0.90	70.1	0.93	77.4	0.85
Admissions from In-County, Still Residing	13.5	19.0	0.71	19.6	0.69	21.3	0.63	19.4	0.69
Admissions/Average Daily Census	119.5	161.6	0.74	144.1	0.83	116.7	1.02	146.5	0.82
Discharges/Average Daily Census	121.8	161.5	0.75	142.5	0.86	117.9	1.03	148.0	0.82
Discharges To Private Residence/Average Daily Census	39.1	70.9	0.55	59.0	0.66	49.0	0.80	66.9	0.58
Residents Receiving Skilled Care	98.8	95.5	1.03	95.0	1.04	93.5	1.06	89.9	1.10
Residents Aged 65 and Older	95.1	93.5	1.02	94.5	1.01	92.7	1.03	87.9	1.08
Title 19 (Medicaid) Funded Residents	79.0	65.3	1.21	66.3	1.19	68.9	1.15	66.1	1.20
Private Pay Funded Residents	11.1	18.2	0.61	20.8	0.54	19.5	0.57	20.6	0.54
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	16.0	28.5	0.56	32.3	0.50	36.0	0.45	33.6	0.48
General Medical Service Residents	27.2	28.9	0.94	25.9	1.05	25.3	1.07	21.1	1.29
Impaired ADL (Mean)	48.6	48.8	1.00	49.7	0.98	48.1	1.01	49.4	0.98
Psychological Problems	55.6	59.8	0.93	60.4	0.92	61.7	0.90	57.7	0.96
Nursing Care Required (Mean)	5.1	6.5	0.79	6.5	0.79	7.2	0.71	7.4	0.69